United States of America

Department of Transportation—federal Aviation Administration

Supplemental Type Certificate

Number SA3033SW-D

This certificate, issued to Century Flight Systems, Inc.

F.M. 1195

P.O. Box 610

Mineral Wells, TX 76067

corlifies that the change in the type design for the following product with the limitations and conditions

therefor as specified hereon meets the airworthiness requirements of Part 23 of the Federal Aviation

Regulations.

Original Product - Type Certificate Number: A17WE

Make: Aerostar

Model: 600, 601, 601P

Description of Type Design Change:

Installation of Mitchell Automatic Flight System Model AK455 consisting of Century I Autopilot with Optional Omni Tracker according to Bulletin No. 578, dated 1-6-75 and Master Drawing List No. 87A753, dated 1-6-75.

Limitations and Conditions:

FAA/DAS Approved Airplane Flight Manual Supplement, P/N 68S213, dated 1-9-75 is required for installation.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until sur-

rendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the

Federal Aviation Administration.

Date of application: 1-6-75

Date reissued: 8-16-84, Revision 1

Date of issuance: 1-9-75

Date amended:



By disagon of the Administrator

Don P. Watson (Signature)

Manager, Aircraft Certification Division

Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of	of Supplemental Type Certificate Number
to (Name of transferee)	
(Address of transferee)	(Number and street)
	(City, State, and ZIP code)
from (Name of grantor)(I	Print or type)
(Address of grantor)	(Number & street)
	(City, State, and ZIP code)
Extent of Authority (if	licensing agreement):
Date of Transfer:	
Signature of grant	tor (In ink):